



IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re Application of
Peter K. Law

Application No.: 10/509,940

Filing Date: June 3, 2005

For: Cellular Transplantation For Heart
Regeneration

:
:: Art Unit: 1633
:
: Confirmation No.: 4972
:
: Examiner: Ileana Popa
:
: Attorney Docket:
LAW.020.0002.PC

REVOCATION OF POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

An attached, properly signed and dated revocation of power of attorney is submitted for application serial number 10/509,940.

Please send all correspondence to the address associated with customer number 58789, as directed on the attached form SB/82.

Please contact Marvin Motsenbocker at 202-659-0100 if there are any questions.

Thank you.

Respectfully submitted,

Marvin A. Motsenbocker
Reg. No. 36,614

March 7, 2007
1300 Eye Street, N.W.
1000 West Tower
Washington, DC 20005
(202) 659-0100



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PTO/SB/82 (01-06)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/509,940
	Filing Date	June 3, 2005
	First Named Inventor	Peter K. Law
	Art Unit	1633
	Examiner Name	Ileana POPA
	Attorney Docket Number	LAW.020.0002.PC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

58789

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name					
Address					
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Peter K. Law</i>		
Name	Peter K. Law		
Date	<i>March 6, 2007</i>	Telephone	<i>1-905-(08)-021</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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